

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="width: 35%;"> SERIAL NO. 04/227593 FILING DATE _____ APPLICANT(S) _____ </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	18					
TOTAL DEP.	61					
TOTAL CLAIMS	79					

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/827593	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
100							51		
101							52		
102							53		
103							54		
104							55		
105							56		
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109							60		
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140							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		